



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000010

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: FALANGA, INC.

DOING BUSINESS AS HARBOR POINT RESTAURANT

ADDRESS HARBORPOINT RD.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02637

MANAGER: FALANGA,
ROBERT R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIVE DINING ROOMS WITH 243 SEATS AND ONE BAR UPSTAIRS WITH 39 BAR STOOLS. TWO FRONT ENTRANCES AND THREE REAR EXITS, OUTSIDE DECK TO THE REAR OF THE EXISTING BUILDING WITH SEATING FOR 34

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000032

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BEACH CLUB INC THE

DOING BUSINESS AS

ADDRESS LONG BEACH ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02632

MANAGER: FLYNN, JAYNE D. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, CELLAR, ATTIC, BAR, KITCHEN, DINING ROOM ON 1ST FLOOR. SECOND FLOOR 7 BEDROOMS, OFFICE, DRESSING ROOM. ONE FLOOR IN EAST WING AND ONE IN WEST WING.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000044

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: COTUIT HARBOR ENTERPRISES, INC.

DOING BUSINESS AS GRINGOS

ADDRESS 577 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CAREY, JAMES N. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR : DINING ROOM, BAR, LOUNGE, KITCHEN, STORAGEROOM, OFFICE, RESTROOM,
PATIO AND CELLAR FOR STORAGE. ENTRANCE/ EXIT TO MAIN STREET. UPSTAIRS PATIO DECK.

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000062

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: VENDITTI ENTERPRISES INC.

DOING BUSINESS AS MATTAKEESE WHARF

ADDRESS 271 MILLWAY ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02630

MANAGER: VENDITTI,
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE/EXIT OFF MILLWAY. THREE ENTRANCES/ EXITS ON MARASPIN CREEK. ONE FLOOR, MAIN DINING ROOM, LOUNGE, PORCH, KIT- CHEN AND STOREGE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000070

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SPANKY'S CLAM SHACK, LLC

DOING BUSINESS AS SPANKY'S CLAM SHACK & SEASIDE SALOON

ADDRESS 138 OCEAN ST., HYANNIS

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: SPILMAN,
JEFFREY M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, THREE ROOMS, AND CELLAR, BAR AREA IN DINING ROOM. SIX
ENTRANCES AND EXITS.

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000076

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: WARREN T. BAXTER, INC.

DOING BUSINESS AS BAXTER'S BOATHOUSE CLUB, INC.

ADDRESS 177 PLEASANT ST.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: BAXTER,
SAMUEL T.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE MAIN FLOOR, ROOM WITH TWO RESTROOMS, ONE MAIN ENTRANCE AND EXIT AND TWO EXITS AND EMERGENCY FIRE DOOR.

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EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 007000110

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: COTUIT HIGGROUND GOLF CLUB, INC.

DOING BUSINESS AS

ADDRESS 31 CROCKERS NECK ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02635

MANAGER: HEHER, PAUL M. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

WOODEN CLUBHOUSE, BASEMENT FOR STORAGE AND FIVE ROOM APARTMENT. FIRST FLOOR:
THREE ROOMS AND TOILETS. SECOND FLOOR: ATTIC FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000138

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: HARBOR CLUB, INC.

DOING BUSINESS AS TRADER ED'S

ADDRESS 1 WILLOW STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: KURKER, WAYNE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN STRUCTURE CONSISTING OF A DINING ROOM, LOUNGE AREA WITH BAR AND SEATING FOR 19, KITCHEN AREA, RESTROOMS. EXITS AND ENTRANCE ON EAST AND WEST SIDES. PATIO, POOL AREA ENCLOSED BY WOODEN FENCE, SERVICE TO BOATS AT SLIPS ON SITE. LIMITED USE OF TENT AREA, a second tent for special events. Tent is 60x130

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000144

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SOUTH SHORE PLAYHOUSE ASSOCIATES, INC.

DOING BUSINESS AS CAPE COD MELODY TENT

ADDRESS 21 WEST MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: LONGO, VINCENT TYPE OF LICENSE: Restaurant
G.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2300 SEAT THEATER WITH TWELVE EXITS AND ENTRANCES. THREE WOOD FRAME CONCESSION STANDS. OUTDOOR GROVE AREA OF APPROXIMATELY ONE ACRE, RESTROOMS.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000147

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: COOKE'S SEAFOOD HYANNIS INC.

DOING BUSINESS AS COOKE'S

ADDRESS 1120 IYANNOUGH RD.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: WHELAN, FRANK TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1120 IYANNOUGH ROAD, HYANNIS WOOD FRAME BUILDING WITH FRONT ENTRANCE ON ROUTE 132 AS WELL AS REAR ACCESS FOR DELIVERIES AND REAR EMERGENCY EXIT DOOR. ALSO, AND EXTERIOR EXIT FROM THE BASEMENT TO PROVIDE A SECOND MEANS OF EXIT THEREFROM. BUILDING IS APPROXIMATELY 4,400 SQ. FT.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000175

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: KISKER ENTERPRISES, INC

DOING BUSINESS AS THE PADDOCK

ADDRESS 20 SCUDDER AVE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: ZARTARIAN,
JOHN C

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS WITH BASEMENT FOR STORAGE. FIRST FLOOR; LOBBY, BAR, STORAGE, OFFICE SPACE. ENTRANCE/EXIT TO FRONT. A 40 X 40 PATIO AREA TO REAR OF BLDG WITH SEATING FOR APPROX 75 PERSONS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000226

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: RCSJ GROUP, INC.

DOING BUSINESS AS FRESH KETCH

ADDRESS 460 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: ROY, RAYMOND TYPE OF LICENSE: Restaurant
C.

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, ONE FRONT ENTRANCE AND EXIT ON MAIN ST WITH A HANDICAP ACCESS
ONE REAR EXIT. ONE KITCHEN EXIT

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000238

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: MANNY'S DAD, INC.

DOING BUSINESS AS BLUE WATER GRILLE

ADDRESS 213 OCEAN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: GAUDETTE, TIMO TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

THY

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000242

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: HYANNIS INN, INC.

DOING BUSINESS AS HYANNIS INN MOTOR HOTEL

ADDRESS 473 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: EATON, AUDREY TYPE OF LICENSE: Innholder
P.

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

TWO STORIES, SEVEN BLDGS, 73 SLEEPING ROOMS, ENCLOSED POOL, OFFICE, FUNCTION ROOM,
BANQUET ROOM, ONE STORY, COCKTAIL LOUNGE, DINING ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000248

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: 4 OUR FATHERS LLC

DOING BUSINESS AS ISLANDER

ADDRESS 330 west bay rd

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02655

MANAGER: DUNN, JOSEPH P, TYPE OF LICENSE: Restaurant
II

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

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1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000270

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: TJ ENTERPRISES INC.

DOING BUSINESS AS KIAN N RYLEE'S PUB & PATIO

ADDRESS 561 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: WHELAHAN,
TARA JEAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000300

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ROBIN'S NEST GRILL, INC

DOING BUSINESS AS ECLECTIC CAFE

ADDRESS 606 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: ROSARIO,
EDWARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SPPTOC 1380 SF INSIDE, 1480 OUTSIDE. 22 SEATS AT 14 TABLES, 7 AT BAR INSIDE, 20 OUTSIDE.
TWO RESTROOMS, ONE MAIN ENTRANCE 3 EXITS IN FRONT, 2 IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000323

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: 13 LIVES CORP.

DOING BUSINESS AS BLACK CAT HARBOR SHACK

ADDRESS 159 OCEAN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: BROWNTREE,
SCOTT C.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

THE REAR ACCESSORY STRUCTURE, SERVICE BAR AND ADJACENT ALCOHOL SERVICE AREA WILL BE ACCESSED BY A SET OF STAIRS LEADING FROM THE LANDING OF THE EXISTING DISABLED ACCESS RAMP TO THE EAST OF THE PREMISES AND BY THREE OTHER GATES ENTRANCES INTO FENCED-IN PAVED PATIO AND LAWNED ALCOHOL SERVICE AREA CONSISTING OF 1,392 SQ.FT. APPROX. THE TWO ENTRANCES /EXITS TO THE SOUTH WILL BE FOR PATRONS, THE THIRSD ONE TO THE NORTH WILL BE FOR STAFF USE ONLY. DISABLED PATRON ACCESS SHALL BE FROM THE ABUTTING PROPERTY. SEATING IN THIS AREA WILL CONSITST OF 14 STOOLS AT THE SERVICE BAR AND TABLE SEATING ON THE PATIO.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000328

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: MITCHELL'S CAFÉ CORPORATION

DOING BUSINESS AS THE DOCKSIDE RESTAURANT

ADDRESS 110 SCHOOL STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: ROBERTS, VELMA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT ON MAIN FLOOR..FULL BAR SEATING 10..4 RESTROOMS..DINING AREA AND
 OUTSIDE DECK...50 SEATS INSIDE AND 75 SEATS OUTSIDE...CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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